

Strategies to Strengthen Team Resilience



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Disclosure Statement:

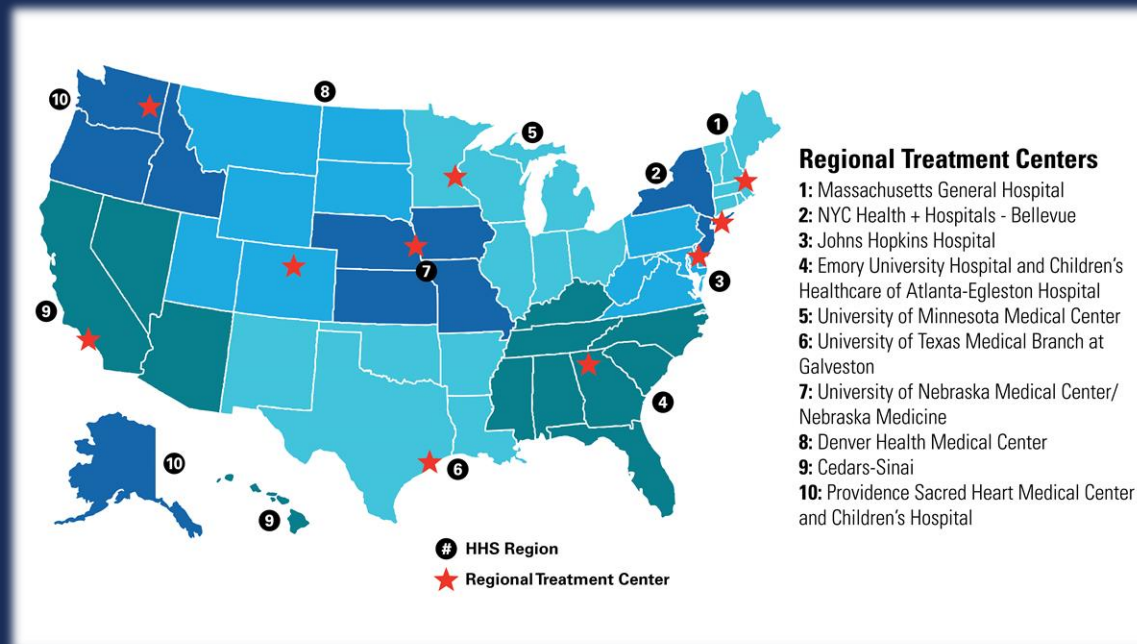
I have no actual or potential conflict of interest in relation to this program/presentation.

Mission: To increase the capability of United States public health and health care systems to safely and effectively manage individuals with suspected and confirmed special pathogens

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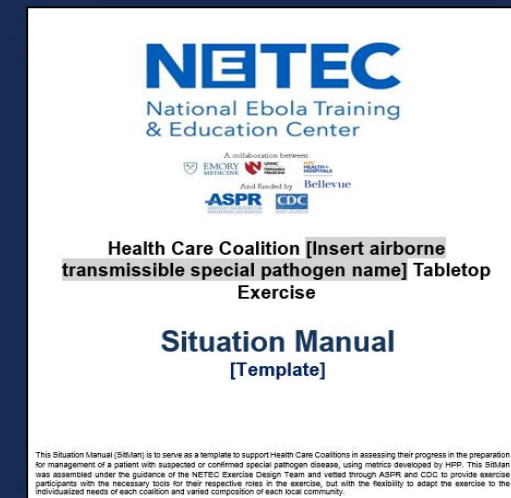
Through the 5 year project period and in collaboration with ASPR, CDC and other stakeholders, the NETEC will:

- Create readiness metrics.
- Conduct peer review readiness assessments of regional and state ETCs as well as assessment centers as requested by state health departments.



Role of NETEC (continued..)

- Create, conduct, and maintain a comprehensive suite of onsite and online education courses and helpful resources and tools.
- Develop a repository for education resources, announcements, links to key information, exercise templates at www.netec.org
- Provide technical assistance to public health departments and healthcare facilities.
- Create a research infrastructure across the 10 regional ETCs.



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Objectives

- Increase awareness of the emotional stressors in the caregiver role.
- Inform healthcare workers about tools and strategies for addressing emotional stressors during the phases of the team preparedness.
- Prepare health care workers for various responses based upon level of media coverage and social media exchanges.
- Identify work related stressors and develop a plan for transitioning back to home units and/or standard work routine

- Fears about communicable diseases
- Concerns about self infection
- Concerns about infecting family members
- Intensity of the work – public scrutiny, PPE, unique protocols, different equipment
- Letting down team members
- Potential burnout depending upon length of stay



Team Emotional Stressors

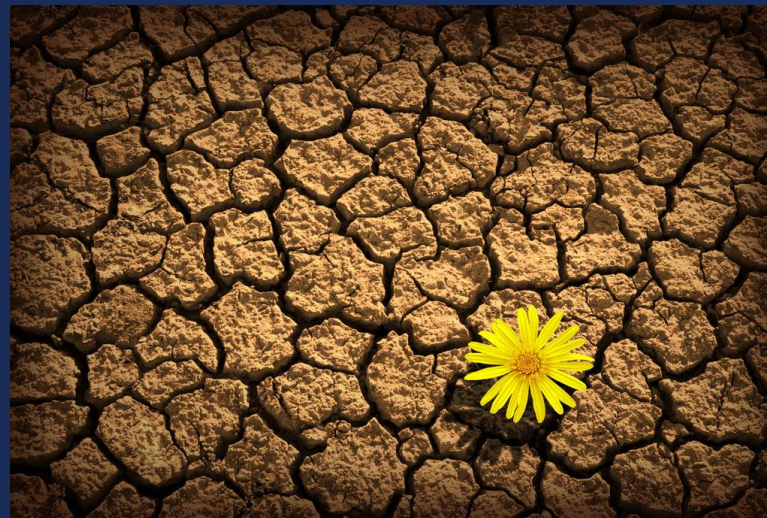
- Unique team dynamics
- Anxiety about care of patient(s)
- Intensity of the work – management of specific tasks
- Worrying about doing something wrong
- Letting down team members



Pre-Activation: Recruiting, Training and Sustaining Preparedness

- 1:1 information sessions with potential team members prior to the formal interview process
 - Discuss roles, expectations, responsibilities, challenges and rewards
 - Discuss motivating factors that contribute to their pursuit of these high risk assignments
- Implement a mentoring program
 - Pair newer staff with more experienced staff if available
 - If all staff are new create a “buddy” system

- Recruit senior leaders to meet with HCWs to communicate the organizational commitment to the biocontainment unit team
- Offer leadership training to supervisors to ensure that they have the skills needed to build and maintain a healthy work culture



- Create a family/work solution plan in advance
- Examine feelings about providing care to a healthcare professional
 - Consider they may have a strong commitment to a developing country with differing cultural values from you.
- Plan for needs and considerations related to treatment of a pediatric patient.
- Identify team outliers that will be involved in an activation (i.e., leadership, site managers, lab personnel, EVS, supporting departments) and their roles with unit.

Preparing Team Families

- Host a family day
 - Tour the care area
 - “Show and tell” specialized equipment e.g. PPE
- Encourage families to develop a “family plan”
 - Carpooling, grocery shopping and meal preparation
- Coordinate an annual team family outing or picnic
 - Provides family members an opportunity to develop relationships
 - May help to reduce the isolation they may feel during an activation

Creating a team culture of safety

- Incorporate resiliency strategies into required training
 - Invite Behavioral Health to be present for exercises & drills
 - Example: “mindfulness meditation, relaxation strategies, deep breathing techniques, cognitive restructuring”
 - Encourage staff to ask difficult questions
 - Be transparent with information



Team Bonding

- Include team building activities into team training
 - Survivor games
 - Lego building SOP activity
- Create opportunities for team bonding and educational delivery
 - Staff meetings with guest speakers
 - Movie nights
 - Journal club



Team Activation



Receiving the call

- Facing the reality of the assignment
- Responses of experienced staff
- Responses of new staff
- Recognition of team dynamics that will emerge with activation
- Examine potential negative responses from impacted home unit team members.

Emotions

Anxious

Fearful

Angry

Loving

Surprise

Happy

Awed

Sad

Potential Staff Challenges

- Fear of contracting illness-ongoing monitoring during the activation period
- Concerns for safety of family and friends
- Isolation from family
- Sense of loss of control
- Stigmatization or lack of appreciation
- Fatigue-limited rest time
- Feeling misunderstood
- Personal pressure to succeed in care of patients
- Self doubt
- Re-entry stress at home

Mirroring: Emotional impact on patient and team

- Similar feelings emerge for the patient and the healthcare worker during the hospital stay.

Acknowledge individual values and their impact on your role as a caregiver.



- Utilizing skills previously only practiced in simulation
- Shift from high volume acute care cases to dedicated service for 1 – 2 patients
- Connecting to the very ill patient(s)
- Patient's mixture of emotions will impact the caregivers and vice versa
- Patient will experience reality of their health status and circumstances

- Adjustment to the pace of the work
- Patient's recognition of mortality
- Patient's survivor guilt
- Caregiver's guilt feelings due to access to preventive resources to stay exposure-free which was not available to the patient.



Supporting the Team

- Implement daily Team Huddles
 - In person
 - Via secure email
 - Keep record of minutes on unit for team review
- Arrange for nutrition and hydration
 - Meals & Snacks
- Arrange debriefing sessions when critical incidents occur
 - Engage behavioral health to help facilitate
- Alert staff family members to the possibility of media interest in unit activations
 - Discuss potential consequences of sharing information with friends, employers, colleagues and community contacts
- Integrate behavioral health team members into daily shifts
 - Available at staff rotation times
 - Available in Incident Command Center

Management of Emotional Stressors: Tools and Strategies



Team/ Organizational Dynamics

- Host regular stress breaks and team building sessions
- Control rumors
- Create opportunities for safe, open discussions
- Create quiet space to reenergize
- Promote a “spirit of caring”

Relational/ Familial

- Don't isolate yourself
- Empower family members with 411
- Share emotional concerns with peers
- Access Behavioral health professional
- Resources for family members

Management of Emotional Stressors: Tools and Strategies

Affective and Cognitive

- Knowledge is Power
- Attend regular trainings
- Ask questions
- Avoid excessive media reports
- Compassion fatigue

Behavioral

- Healthy eating and sleeping
- Physical activity
- Take breaks
- Treat yourself
- Self-care & Wellness activities
- Journal and affirmations
- Stress Management

Supporting the Patient's Family

- Responding to the mixture of feelings they display:
 - Based upon restricted access and contact with patient on the unit – fear, anxiety, sadness, etc.
 - Loss of control
- Information Sharing
 - Explaining the situation
 - Supporting family members who may not be able to visit
 - Consider tele-health capabilities
 - Help them deal with other family members, the media and social media exchanges



Length of the patient's stay

- “If I make a mistake, the patient and others can be harmed including me.”
- Staff member may become a surrogate for the patient's family.
- Psychological isolation sets in and the patient, as well as caregivers get frustrated.
- The unit begins to feel like a jail cell, as the patient gets better.
- As they get better, patient may want to help their caregivers (e.g., cleaning up their own waste).

End of Activation



Unexpected reactions and responses:

- Increased intimacy with 1 – 2 patients can impact emotional pulls to comfort the patient(s).
- Patient may have varied reactions to the emotional intimacy with caregivers.
- Getting ready for discharge: fear of the unknown symptom, anticipatory anxiety, hypervigilant of getting sick again, etc.
- Other symptoms and maladies may be life-long.
- Patient gets worse and expires

- Provide opportunities for facilitated team debriefing sessions
 - Discharge
 - Death
- Schedule family debriefing sessions
 - Enhance knowledge
 - Respond to inquiries and promote family resilience

Debrief

1. What went well?
2. What didn't go well?
3. What new knowledge or skills do you need to develop?

Patient and Family Support

- Discharge
 - Follow up care
 - Ongoing contact
 - Research opportunities
 - Academic collaborations



Patient and Family Support

- Death
 - Religious belief accommodations
 - Memorial service
 - Ashes
 - Belongings



- Manage the exposure to the mainstream media coverage
- Remember the impact of social media
- Rely on the power and information from institution including leadership and team



Recovery Phase

- Managing the reactions of staff members who were not activated.
- Managing the reactions of family members as the family returns to normalcy.
- Managing one's own reactions.

the new
normal

References

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